	RIZONA STATE BO	ARD OF HEALT	H State File No.
1	BUREAU OF VITA	L STATISTICS	Registered No.
1. PLACE OF BIRTH	STANDARD CERTIFIC	/ / / / .	
County July	8t	in angou	C
District or Township	OT	Villago 4	Commission of the Commission o
ony Mami	No 3300	din a hospital or institutio	Or St. Ward n, give its NAME instead of street and number)
Mania	Manales		If child is not yet named, make supplemental report, as directed.
2. Pull name of child fl. W.	4. Twin, triplet or other	6. Legitimate?	24 /
3. Set of Child To be answered ONLY in event of plural births.	5. No., in order of birth	1.10	7. Date of birth Ch. 22 - 1932,
in event of plural births. 8. FATHER Full name Santas No. 9. Residence Muami	7 !!	14. Full maiden name	malinda Picaso
9. Realdence (Usual place of abode) Wami	and a	15. Residence (Usual place of abode)	Miami.
If non-resident, give place and state.	angona: -	If non-resident, give	place and state.
If non-resident, give place and state. 10. Color or tace My, 11. Age at last 12. Birthplace (city or place)	0., 1	16. Color or race	3,
Met. 11. Ago at las	t birthday 36 (Years)	My.	17. Age at last birthday ((Years)
3 2ac	#- 11	18. Birthplace (city or pl	alises
12. Birthplace (city or place)	Maria	(State or country)	mex.
(State or country)			
13. Occupation		10. Occupation Nature of Industry	11
Nature of Industry Mineral		Mature of inquetry	Housewile
20. Number of children of this mother	(a) Born alive and	now living	21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but (c) Stillborn	now dead	yla
certified and including this child.)	RTIPICATE OF ATTENDING		100, 300
(Taken as of time of birth of coun herein certified and including this child.) CB I hereby certify that I attended the birth When there was no attending physicis or midwife, then the father, household.	. 4 . 6.1 6.11.d. m.h.a. m.a.a. / 179/1	malme	at m. on the date above stated.
* When there was no attending physicis	, , , , , , , , , , , , , , , , , , ,	l m. 10/4	mm. W
ctc., should make this return. A sumon	21 / /		(Physician or allegae).
shows other evidence of life after birt Given name added from a supplemental report	Address	iami, I	regord.
Month, day,		112 22	& & clasin
1 - 1 - 3 - 5 - 5 - 1 O	Filed	<i>(26,2</i>	Registrar